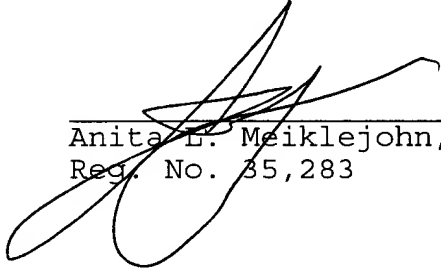


requested. Enclosed herewith is a check in payment of the excess claims fees required by the above amendments.

Please charge any fees, or make any credits, to Deposit Account No. 06-1050.

Respectfully submitted,

Date: 4 DEC 1997


Anita E. Meiklejohn, Ph.D.
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